



# REQUEST TO PURCHASE OUT OF STATE SERVICE

State Form 48789 (R3 / 11-08)

Approved by State Board of Accounts, 2008

PUBLIC EMPLOYEES' RETIREMENT FUND  
143 West Market Street  
Indianapolis, Indiana 46204-2899

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please type or print. Use black ink.
  2. Complete all information.
  3. Return the completed form directly to PERF. **Do not return the instruction pages.**

## PART 1 - APPLICANT INFORMATION & AUTHORIZATION TO RELEASE INFORMATION

Social Security Number *		Date of birth (month, day, year)	
Name of applicant (first, middle initial, last)		Number of years to be purchased (Please refer to the table in the instructions for the maximum amount.)	
Address (number and street, city, state, and ZIP code)			
Home telephone number (       )	Other telephone number (       )	E-mail address	
I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit.			
Signature of applicant		Date (month, day, year)	

## PART 2 - CURRENT EMPLOYER INFORMATION

**NOTE:** Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.

Name of employer		Account number of employer	
Title of position	Date of hire (month, day, year)	Annual salary	
I certify that the above named individual is employed by us in a PERF-covered position.			
Signature of authorized agent		Date (month, day, year)	
Printed name of authorized agent		Telephone number (       )	

# REQUEST TO PURCHASE OUT OF STATE SERVICE *(continued)*

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Name of applicant <i>(first, middle initial, last)</i>	Social Security Number *
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## PART 3 - PRIOR EMPLOYER INFORMATION & CERTIFICATION

Name of employee <i>(first, middle initial, last)</i>	Social Security Number *	Date of birth <i>(month, day, year)</i>
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Name of employer
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Address <i>(number and street, city, state, and ZIP code)</i>
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TITLE OF POSITION	START DATE <i>(month, day, year)</i>	END DATE <i>(month, day, year)</i>	MONTHS WORKED IN YEAR	STATUS		IF PART TIME, HOURS PER YEAR
				Full Time	Part Time	

Were any of these positions covered by a public employee or government sponsored retirement plan? <i>If yes, Part 4 must be completed by the plan.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby certify to the Indiana Public Employees' Retirement Fund that, according to the official records available to me, the above named individual was employed as shown.
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Signature of authorized agent	Date <i>(month, day, year)</i>
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Printed name of authorized agent	Telephone number  (       )
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Name of applicant <i>(first, middle initial, last)</i>	Social Security Number *
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### PART 4 - PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION

<b>Amount of service with your system</b> <i>If this person has taken a distribution, please indicate the service balance prior to the distribution or withdrawal.</i>	Years	Months
Was any of this service purchased / transferred / carried over from another system?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
System	Years	Months
Is this person entitled to a retirement from your system based on the above service?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this person taken a distribution from your system?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of retirement fund or plan		
Address <i>(number and street, city, state, and ZIP code)</i>		
Signature of authorized agent	Date <i>(month, day, year)</i>	
Printed name of authorized agent	Telephone number  (       )	

# INSTRUCTIONS FOR COMPLETING STATE FORM 48789, REQUEST TO PURCHASE OUT OF STATE SERVICE

## **IMPORTANT:**

1. Remove the form. Do not return these instructions to PERF.
2. Please type or print. Use black ink.
3. Complete all information.
4. Return the completed form directly to PERF.

## **General Information**

Indiana Codes IC 5-10.3-7-4.5 and IC 5-10.3-7-9.5 provide for the purchase of out-of-state service credit with the Public Employees' Retirement Fund (PERF). In order to qualify for the purchase of this credit, you must meet the following criteria:

1. You must be currently employed in a PERF-covered position.
2. You must have at least one (1) year of PERF or Teachers' Retirement Fund (TRF) service.
3. Prior service in another state must be in a comparable position that would be creditable service with PERF if performed in Indiana.
4. You are no longer eligible to use those years to claim a retirement benefit from any other retirement system or fund.

This service may not be used in claiming a retirement benefit until payment in full has been made and you have accumulated ten (10) years of service, not including any purchased service.

## **Procedures for Purchase of Service**

Please complete Part 1 of this form. Have your current employer complete Part 2 and your prior employer complete Part 3. If any of your service with a prior employer was covered by a public employee or government sponsored retirement plan, that plan must complete Part 4. When all parts are complete, please return the form to the address on the last page. We will calculate the cost of the service and return a purchase agreement to you. If you wish to purchase the service, you must complete the agreement and return it to the address on the agreement together with your payment.

The funds used for the purchase may come from a rollover of a member's interest in:

- A tax-qualified retirement plan of a former employer (including a Section 401(k) plan),
- A traditional individual retirement account (IRA),
- A Section 403(b) plan, or
- A Section 457(b) governmental deferred compensation plan.

The rollover contributions may contain only tax-deferred contributions and earnings, and may not include any post-tax contributions. PERF may also accept trustee-to-trustee transfers from a Section 403(b) plan or a Section 457(b) governmental deferred compensation plan.

Members may pay directly for the cost of a service purchase in a single lump sum, or through installment payments over a period of up to five (5) years. Any installment shall bear interest at the actuarial rate effective on the date of the first installment. Any payments are subject to applicable Internal Revenue code limits and PERF may adjust any payments in a manner necessary to comply with those limits. PERF may deny an application for the purchase of service credit if the purchase would exceed the limitations under section 415 of the internal revenue service code.

## **Distributions**

If you purchase service and elect to withdraw from PERF prior to becoming eligible to receive a monthly benefit, the amount you have paid plus the accumulated interest will be distributed to you.

## **PART 1: Applicant Information**

**Applicant's Social Security Number:** Enter all nine digits of your Social Security Number.

Your application will not be processed without this information.

**Applicant's Date of Birth:** Enter your date of birth as MM/DD/YYYY.

**Applicant's Name:** Enter the first name, middle initial, and last name.

**Applicant's Address:** Enter your full street address, including apartment number or post office box number, city, state, and ZIP code.

**Applicant's Telephone Number:** Enter your telephone numbers, beginning with area code.

If available, please provide separate home and other telephone numbers.

**E-mail Address:** Enter the E-mail address, if available.

**Number of years to be purchased:** Enter the number of years of service you wish to purchase, up to the maximum number of eligible years.

**Important:** You must sign and date this section. Your application will not be processed if you do not.

## **PART 2: Current Employer Information**

After you have completed Part 1, ask your employer to provide the information in Part 2.

**Title of Position:** Please enter the title of the position occupied by the employee. If you have provided information to PERF on the coverage of this position, please use the position title previously provided to PERF.

**Date of Hire:** Please provide the date this member was hired into this position.

**Annual Salary:** Please enter the member's base annual salary. Do not include any additional compensation such as travel or housing allowances, overtime, lump sum bonuses, or incentives such as fees or commissions.

## **PART 3: Prior Employer Information & Certification**

After your current employer has completed Part 2, send the application to your prior employer so they may complete Part 3. If additional space is needed to list all positions, extra sheets may be attached. Please make certain that your name and Social Security number are at the top of each extra sheet.

**If you wish to purchase service from more than one employer, you may copy this page and have a copy completed by each employer.**

## **PART 4: Public Employees' Retirement Plan Certification**

**If any of your service with a prior employer was covered by a public employee or government sponsored retirement plan:**

After your prior employer has completed Part 3, send the application to the retirement system or plan in which you participated so they may complete Part 4.

*Once the form has been completed according to these instructions, return the form (DO NOT return the instructions) to the Public Employees' Retirement Fund at the following address:*

**Public Employees' Retirement Fund**

**143 West Market Street**

**Indianapolis, IN 46204**

## **MEMBER NOTE – CHANGES TO INFORMATION**

*If you have any changes to any of the information on this form, such as name or address, please immediately notify PERF at the address above.*

## **HELPFUL INFORMATION**

### **Public Employees' Retirement Fund**

#### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4162

Toll-Free Number 1-888-526-1687

TDD (hearing impaired number) (317) 233-4160

FAX Number (317) 234-5922

Toll-Free FAX Number (866) 591-9441

PERF on the Internet: [www.in.gov/perf](http://www.in.gov/perf)

PERF MEMBER HANDBOOK (latest edition)

### **Internal Revenue Service**

#### **TELEPHONE NUMBERS:**

Toll-Free Number 1-800-829-1040

TDD (hearing impaired number) 1-800-829-4059

TeleTax 1-800-829-4477

IRS website: [www.irs.gov](http://www.irs.gov)

IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION

IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS

### **Indiana Department of Revenue (DOR)**

#### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4018

TDD (hearing impaired number) (317) 233-4952

Individual Income Tax Questions (317) 232-2240

Outside of Indianapolis – See DOR website

DOR FAX Number (317) 233-2329

DOR website: [www.in.gov/dor](http://www.in.gov/dor)